

2003 JUL 16 PM 2:48 COVER SHEET PG 1

GO TO PAGE 2

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8500

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

RONALD H. "RON" SEGONIA

15 ACCOUNT # (Ethics Commission File #)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8450.14

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

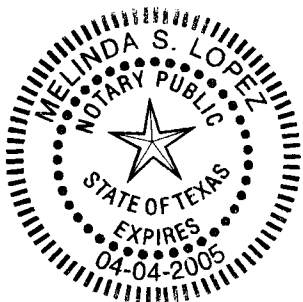
\$ 16,997.58

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ron Segonia
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ronaldo H. Segonia, this the 16th day of July, 20 03, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 JUL 16 PM 2:48

| | | | |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this Schedule A1: 7 | |
| 2 FILER NAME RONALD H. "RON" SEGOWIA | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 5/19 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALBERT MALDONADO, JR. FRANCISCO J. GARCIA 6 Contributor address; City; State; Zip Code 126 LEGANO DALE SAN ANTONIO-TX 78258 | 7 Amount of contribution (\$) \$200.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 4/29 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: REYES INDUSTRIES Contributor address; City; State; Zip Code 1554 CANTRELL SAN ANTONIO-TX 78221 BBQ PLATES | Amount of contribution (\$) \$1250.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 5/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE G. CASTANEDA, JR. Contributor address; City; State; Zip Code 9720 ELMENDORF-LAVERNIA RD. SAN ANTONIO-TX 78223 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 5/20 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL G. MILLER Contributor address; City; State; Zip Code 15434 FALL PLACE DR. SAN ANTONIO-TX 78247 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 5/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: QUESADA INVESTMENTS LLC Contributor address; City; State; Zip Code 3302 CLARK AVE. SAN ANTONIO-TX 78223 DBA MURPHY'S | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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1 Total pages this Schedule A1:

2 of 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

5/20

FIDEL B. VEGA

6 Contributor address; City; State; Zip Code

2526 CINCINNATI ST.

SAN ANTONIO -TX

78228

\$100.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

5/19

ALLIED ADV. (BY JAN RUZZA)

Contributor address; City; State; Zip Code IN KIND

3700 BLANCO RD

S. A. TX

78212

256.75

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

5/19

DAVID MARTINEZ (BY HERMAN)

Contributor address; City; State; Zip Code 2290 VIA

(DROPPING IN LOOKING FOR JOB)

S.A. TX

IN KIND

200.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

5/16

HELEN DUTMER (ACCUMULATED)

Contributor address; City; State; Zip Code GASOLINE

739 MCKINLEY AVE COSTS

SAN ANTONIO -TX 78210

101.30

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

DEBRA GUERRA-

Contributor address; City; State; Zip Code

BILL MILLER BBQ

60 LIAD RD SA. TX 78223

127.29

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

3 of 7

2 FILER NAME

RONALD H. "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/16

5 Full name of contributor

☐ out-of-state PAC (ID#)

M + M ROBERT COPELAND

6 Contributor address; City; State; Zip Code

306 BLUFF COVE

SA TX

78216

7 Amount of
contribution (\$)

250⁰⁰

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/11

Full name of contributor

☐ out-of-state PAC (ID#)

SAMMY & LAURA LEACH

Contributor address; City; State; Zip Code

1130 SANTA CLARA RD. LOOP

MARION - TX

78124

Amount of
contribution (\$)

50⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/16

Full name of contributor

☐ out-of-state PAC (ID#)

ROYCE W. RENFRO

Contributor address; City; State; Zip Code

13307 SOUTHWALK

SA TX

78232

Amount of
contribution (\$)

50⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/16

Full name of contributor

☐ out-of-state PAC (ID#)

JERRY R. SAILER

Contributor address; City; State; Zip Code

2223 ENCINO LOOP

78259

Amount of
contribution (\$)

100⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/18

Full name of contributor

☐ out-of-state PAC (ID#)

KERRY T. BENEDICT

Contributor address; City; State; Zip Code

#2 SUGARWOOD

SA TX

78248

Amount of
contribution (\$)

100⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

4 of 7

2 FILER NAME

RONALD H. "RON" SEGORIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/2

5 Full name of contributor

☐ out-of-state PAC (ID#)

BALTAZAR SERNA, JR

6 Contributor address; City; State; Zip Code

120 VILLITA

S A TX

78205

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/17

Full name of contributor

☐ out-of-state PAC (ID#)

RABA-KISTNER INC

Contributor address; City; State; Zip Code

PO BOX 690287

S A TX

78269

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/10

Full name of contributor

☐ out-of-state PAC (ID#)

J. CARY BARTON

Contributor address; City; State; Zip Code

700 N. ST MARY'S ST.

S A TX

78205

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/13

Full name of contributor

☐ out-of-state PAC (ID#)

METROPOLITAN INC.

Contributor address; City; State; Zip Code

990 ISOM RD

S A TX

78216

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/12

Full name of contributor

☐ out-of-state PAC (ID#)

BURY + PARTNERS SA-VENTURES

Contributor address; City; State; Zip Code

10000 SAN PEDRO SUITE 100

S A TX

78215

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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| | | | |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this Schedule A1: 5 of 7 | |
| 2 FILER NAME RONALD "RON" SEGOVIA | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 6/18 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOSE PAWEL | 7 Amount of contribution (\$) 250.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 123 GENESO Rd S A TX 78209 | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 6/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIAM S. SALOMAN | Amount of contribution (\$) 150.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2 INWOOD KNOLL S A TX 78248 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 6/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LECO MANAGEMENT | Amount of contribution (\$) 150.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3707 N ST MARY'S #201 S A TX 78212 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 6/16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRIAN OR TINA WEINER | Amount of contribution (\$) 150.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code PO Box 7608 S A TX 78207 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 6/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HENRY CHRISTOPHER, JR | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 713 CONTADORA S A TX 78258 | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

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2 FILER NAME

RONALD H. "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

PHILLIP M. BAGNALL

6 Contributor address; City; State; Zip Code

216 LAMONT
S. A. TX

78209

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/17

Full name of contributor

☐ out-of-state PAC (ID#)

KAREN L MITTS OR GLEN MITTS

Contributor address; City; State; Zip Code

608 HASKIN
S A TX

78209

Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/18

Full name of contributor

☐ out-of-state PAC (ID#)

DANIEL E. MARKSON

Contributor address; City; State; Zip Code

2421 LAKE PANCOST DR #C
MIAMI BEACH FL 33140

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/18

Full name of contributor

☐ out-of-state PAC (ID#)

DARREN B. CASEY

Contributor address; City; State; Zip Code

814 ARION PARKWAY #200
S A TX

78216

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/18

Full name of contributor

☐ out-of-state PAC (ID#)

NORMAN T. DUGAS, JR

Contributor address; City; State; Zip Code

14502 BROOK HOLLOW
S A TX

78232

Amount of
contribution (\$)

400.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

7 of 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6/18

C EDWARD BARRON III

6 Contributor address; City; State; Zip Code

PO Box 677

HELOTES TX

78023

500

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

5/27

WALTER SERNA

Contributor address; City; State; Zip Code

P.O. Box

S A T X

78295

714 80

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS

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CITY CLERK

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

2003 JUL 16 PM 2:19
Total pages Schedule E:**2 FILER NAME**

RONALD H. "RON" SEGOUA

3 ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 1

5 Date of loan

5-19

7 Name of lender

GUARANTY BANK

☐ out-of-state PAC (ID#: _____)**9 Loan Amount (\$)**

2500.

6 Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

GOLIAD Rd @ Southcross

SA TX

78223

10 Interest rate**11 Maturity date****12 Description of Collateral**☐ none**13 GUARANTOR INFORMATION**☐ not applicable**14 Name of guarantor****16 Amount Guaranteed (\$)****15 Guarantor address; City; State; Zip Code****17 Principal Occupation****18 Employer**

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none**GUARANTOR INFORMATION**☐ not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 JUL 16 PM 2:49
1089

2 FILER NAME

RONALD H "RON" SEGOLIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/21

5 Payee name

LILLIE SEGOLIA (US POSTAL SERVICE)

7 Amount (\$)

34.50

6 Payee address; City; State; Zip Code

HIGHLAND HILLS BRANCH
CLARK AVE - S.A. TX 78223

8 Purpose of payment (See instructions regarding type of information required.)

MAIL OUT

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

5/13

Payee name

LILLIE SEGOLIA (US POSTAL SERVICE)

Amount (\$)

7.40

Payee address; City; State; Zip Code

HACKBERRY STATION
50. HACKBERRY @ KAYTON S.A. TX 78210

Purpose of payment (See instructions regarding type of information required.)

OFFICE MAIL

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

5/15

Payee name

LILLIE SEGOLIA (US POSTAL SERVICE)

Amount (\$)

44.40

Payee address; City; State; Zip Code

HIGHLAND HILLS STATION
CLARK AVE S.A. TX 78223

Purpose of payment (See instructions regarding type of information required.)

MAIL (OFFICE USE)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

5/21

Payee name

RON SEGOLIA (BY JAN RUZZA)

Amount (\$)

21.15

Payee address; City; State; Zip Code

S.A. TX

REIMBURSED
FROM CAMPAIGN FUNDS

Purpose of payment (See instructions regarding type of information required.)

EARLY VOTING LIST

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

RECEIVED
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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

20F9

2 FILER NAME

RONALD H "RON" SEGOLIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-7
THRU
5/22

5 Payee name

DAVID MARTINEZ

CASUAL LABOR

7 Amount (\$)

150 00
222 00
10 00

6 Payee address; City; State; Zip Code

S A T X

37 HRS

25 "

\$20 GASOLINE \$600 HR

8 Purpose of payment (See instructions regarding type of information required.)

HANDYMAN-DEL. ETC

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/1

Payee name

DOLLAR GENERAL

Payee address; City; State; Zip Code

114 GOLIAD RD.

S A T X

78223

Amount (\$)

14 91

Purpose of payment (See instructions regarding type of information required.)

INCIDENTALS FOR OFFICE

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/1

Payee name

FABIAN CASTILLO (SPRINT PCS)

Payee address; City; State; Zip Code

S. A. T X

Amount (\$)

1200 00

Purpose of payment (See instructions regarding type of information required.)

CELL PHONES

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

6/5

Payee name

S B C

Payee address; City; State; Zip Code

PO BOX 4845

HOUSTON TX

77097-0080

Amount (\$)

46764

Purpose of payment (See instructions regarding type of information required.)

TELEPHONE SERVICES

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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(512) 463-5800

1-800-325-8506

POLITICAL EXPENDITURES

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 9

2 FILER NAME

RONALD H. "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/19

5 Payee name

PECAN VALLEY GOLF COURSE

6 Payee address; City; State; Zip Code

PECAN VALLEY DR.
S.A. TEX

78223

7 Amount (\$)

2679.13

8 Purpose of payment (See instructions regarding type of information required.)

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

5/19

Payee name

JOHN Budro, NON EXPEND
BIZ STRATEGIES

Payee address; City; State; Zip Code

10710 HORN ROAD (REPLACEMENT CK.
S.A. TX 782 CK 1081 FOR LAST REPORT
5/15)

Amount (\$)

1775.00

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

5/20

Payee name

DANIEL "DANNY" GEISLER

Payee address; City; State; Zip Code

S A TX

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

LABOR CONTRACT

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

5/20

Payee name

ALEX REALTY

Payee address; City; State; Zip Code

119 GOLIAO RD
S.A. TX

78223

Amount (\$)

500.00

Purpose of payment (See instructions regarding type of information required.)

RENT

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
SCHEDULE F
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME

RONALD H "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/19

5 Payee name

PAUL'S TROPHY

6 Payee address; City; State; Zip Code

HOT WHEELS BLVD

S-A. TEX

78223

7 Amount (\$)

156⁶²

8 Purpose of payment (See instructions regarding type of information required.)

GOLF TOURNEY

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/19

Payee name

SOUTHSIDE REPORTER

Payee address; City; State; Zip Code

2203 S HACKBERRY

S A T X

78210

Amount (\$)

761⁴⁵

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/19

Payee name

MAILING CONSULTANTS

Payee address; City; State; Zip Code

S A T X

Amount (\$)

873⁸⁹

Purpose of payment (See instructions regarding type of information required.)

MAIL OUTS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/19

Payee name

BRENDA GARCIA (PECAN VALLEY

Payee address; City; State; Zip Code

Amount (\$)

877⁵⁰

Purpose of payment (See instructions regarding type of information required.)

CATERING GOLF TOURNY

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK **SCHEDULE F**

2003 JUL 16 PM 2:50

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages of Schedule F:

5 OF 9

2 FILER NAME

RONALD H "RON" SEGOLIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/25

ALLEN FLORES

6 Payee address; City; State; Zip Code

S A T X

4400.00

8 Purpose of payment (See instructions regarding type of information required.)

BLOCKWALKERS + EARLY VOTE EXPENSE

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/21

SPEEDY PRINTING

Payee address; City; State; Zip Code

S.A.TX

102.63

Purpose of payment (See instructions regarding type of information required.)

PRINTING

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/23

ALAN FLORES

Payee address; City; State; Zip Code

S A . T X

700.00

Purpose of payment (See instructions regarding type of information required.)

CONTRACT LABOR

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5/8

LA PUNTADA RESTURANT

Payee address; City; State; Zip Code

119 GOLIAD RD.

S A T E X

78223

67.00

Purpose of payment (See instructions regarding type of information required.)

FOOD FOR VOLUNTEERS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

POLITICAL EXPENDITURES

SCHEDULE F

2003 JUL 16 PM 2:50

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **6 of 9**

2 FILER NAME
RONALD "RON" SEGONIN

3 ACCOUNT # (Ethics Commission filers)

| | | |
|----------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------|
| 4 Date 3/17 | 5 Payee name SOUTHSIDE REPORTER | 7 Amount (\$) 142.29 |
| 6 Payee address; City; State; Zip Code 2203 S. HACKBERRY ST S A TX 78210 | | |

8 Purpose of payment (See instructions regarding type of information required.)

ADV

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

| | | |
|-----------------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Date 2/17 | Payee name SOUTHSIDE REPORTER | Amount (\$) 724.76 |
| Payee address; City; State; Zip Code 2203 S HACKBERRY S.A. TX 78210 | | |

Purpose of payment (See instructions regarding type of information required.)

ADV

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

| | | |
|---------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| Date 4/25 | Payee name OFFICE DEPOT | Amount (\$) 108.73 |
| Payee address; City; State; Zip Code 2321 SW MILITARY HWY S.A. TX 78224 | | |

Purpose of payment (See instructions regarding type of information required.)

OFFICE SUPPLIES

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

| | | |
|-------------------------------------------------------------------------------------|------------------------------------|------------------------------|
| Date 3/5 | Payee name WALTER KELLER | Amount (\$) 121.61 |
| Payee address; City; State; Zip Code 1211 PLEASANTON RD. S A TX 78214 | | |

Purpose of payment (See instructions regarding type of information required.)

**US20 FOR
SIGN
BATTERY FOR (78 PM)**

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 JUL 16 PM 2:50

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7 of 9

2 FILER NAME

RONALD H. 'RON' SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/26

5 Payee name

SAM'S CLUB

6 Payee address; City; State; Zip Code

SW MILITARY DR
S A TEX

78214

7 Amount (\$)

168 49

8 Purpose of payment (See instructions regarding type of information required.)

Election Night

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/16

Payee name

Home Depot

Payee address; City; State; Zip Code

500 FAIR AVE.
S. A. TX

78210

Amount (\$)

129 50

Purpose of payment (See instructions regarding type of information required.)

SIGN MATERIAL

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/28

Payee name

MI TIERRA

Payee address; City; State; Zip Code

218 PRODUCE ROW

78207

Amount (\$)

100 42

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN BUSINESS LUNCH

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

6/17

Payee name

TACO CABANA

Payee address; City; State; Zip Code

Amount (\$)

2.15

Purpose of payment (See instructions regarding type of information required.)

FOOD

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 JUL 16 PM 2:50

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8 of 9

2 FILER NAME

RONALD H "RON" SEGOLIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/03

5 Payee name

LA PUNTADA

7 Amount (\$)

219 13

6 Payee address; City; State; Zip Code

119 GOLIAD Rd.

S. A. TEXAS

78223

8 Purpose of payment (See instructions regarding type of information required.)

FOOD FOR VOLUNTEER WORKERS

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

6/2

Payee name

SAWS

Amount (\$)

31 94

Payee address; City; State; Zip Code

PO BOX 2990

S A TX

78299

Purpose of payment (See instructions regarding type of information required.)

WATER

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/31

Payee name

RADIO UNICA

Amount (\$)

300 00

Payee address; City; State; Zip Code

2700 NE LOOP 410 Suite 300

S A TX

78217

Purpose of payment (See instructions regarding type of information required.)

ADV

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/13

Payee name

PRINT + COPY

Amount (\$)

8749

Payee address; City; State; Zip Code

2118 GOLIAD Rd.

SAN ANTONIO - TX

78223

Purpose of payment (See instructions regarding type of information required.)

FOLDERS (PRINTED)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

2003 JUL 16 PM 2:50

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

9 of 9

2 FILER NAME

RONALD H. "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/12

5 Payee name

ELECTION SUPPORT SERVICES, INC.

6 Payee address; City; State; Zip Code

7 Amount (\$)

151.22

8 Purpose of payment (See instructions regarding type of information required.)

MAIL OUT

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/12

Payee name

ELECTION SUPPORT SERVICES, INC.

Payee address; City; State; Zip Code

4958 MILITARY DR. W.
SA TX

78242

Amount (\$)

306.56

Purpose of payment (See instructions regarding type of information required.)

MAIL OUT

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/14

Payee name

ELECTION SUPPORT SERVICES, INC.

Payee address; City; State; Zip Code

4958 MILITARY DR. W.
SA TX

78242

Amount (\$)

306.56

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE G

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

2003 JUL 16 PM 2:51

| | | |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule G: |
| 2 FILER NAME <i>RONALDO H. SEGOVIA</i> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date <i>N/A</i> | 5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

